

For Microsoft Internal Use Purposes

Enrollment Number

Academic Select Agreement Expiration Date

Reseller must complete the following:

Academic Select Agreement Number

MICROSOFT ACADEMIC SELECT ENROLLMENT

This MICROSOFT ACADEMIC SELECT ENROLLMENT is entered into between you (the enrolled affiliate signing below) and us (the Microsoft affiliate signing below) as of the effective date identified below. If different from the main contact information, any notices must be addressed to the contact and locations outlined in the notices section below. We will notify you in writing if our address information changes. You must notify us in writing if your address changes.

| | |
|---|--|
| Customer Name | Name and address of contracting Microsoft affiliate Microsoft Licensing, GP |
| Street Address and/or post office box | Street Address and/or post office box 6100 Neil Road Suite 210 |
| City and State / Province | City and State / Province Reno, NV |
| Country and Postal Code | Country and Postal Code USA 89511-1137 |
| Contact Name | |
| Phone Number | Phone Number 775-823-5600 |
| Fax Number | Fax Number 775-826-7287 |
| Email Address | Email Address Selquest@microsoft.com |
| For the Attention of: | For the Attention of: Dept. 551, Volume Licensing |
| Customer Notices Information (if different from above) | The agreement and attached documents should be sent to the above address for approval and processing. |
| Customer Name | All NOTICES should have Copy To: Microsoft Corporation, Law and Corporate Affairs |
| Street Address and/or post office box | One Microsoft Way |
| City and State / Province | Redmond, WA |
| Country and Postal Code | USA 98052 |
| Contact Name | |
| Phone Number | |
| Fax Number | 425-936-7329 |
| Email Address | @microsoft.com |
| For the Attention of: | For the Attention of: Volume Licensing Attorney |

Terms used in this enrollment shall have the meanings assigned to them in the Microsoft Academic Select Agreement identified above. By signing this enrollment, you represent and warrant that:

- a. You have read and understood the Microsoft Academic Select Agreement identified above, including any addenda and amendments to that agreement (specifically including but not limited to the current version of the product use rights), and agree to be bound by those terms.
- b. You are an eligible education customer and are either the entity that signed the Academic Select Agreement, or are an affiliate of the entity that signed the Academic Select Agreement identified above.
- c. You expect to acquire licenses equivalent to at least 500 points during the term of this enrollment.

This enrollment consists of (1) this cover page, (2) the Shipping Information Form, (3) the Reseller Information Form, and (4) the Product List. By signing below you agree that you are bound by the terms of the Academic Select Agreement identified above and the product use rights applicable to products ordered under this enrollment.

By signing below, you also represent that the information that you provide on each of the attached forms is accurate.

| | |
|--|---|
| Name of Customer (Entity Name): | Name of contracting Microsoft affiliate: |
| | Microsoft Licensing, GP |
| By: | By: |
| <i>(Signature)</i> | <i>(Signature)</i> |
| Name: | Name: |
| <i>(Printed)</i> | <i>(Printed)</i> |
| Title: | Title: |
| <i>(Printed)</i> | <i>(Printed)</i> |
| Date: | Effective Date: |

Shipping Information Form

License Confirmations and Select CD-ROM subscriptions will be shipped to the following address. If the CD-ROM shipping address differs from the License Confirmation shipping address, please complete the Initial Fulfillment Kit/CD-ROM Shipment Contact address section on the following page.

License Confirmation Ship-to Information *(If different from address on the cover page)*

| | |
|---------------------------|---|
| Customer Name | Customer Contact Email Address |
| Street Address | Customer Contact Language <i>(If different than language of this agreement)</i> |
| City and State / Province | |
| Country and Postal Code | |
| Contact Name | Microsoft Account Manager Name |
| Phone Number | Microsoft Office Location |
| Fax Number | Microsoft Contact Email Address <i>(if applicable)</i> |

Initial Fulfillment Kit / CD-ROM Shipment Contact *(If different from License Confirmation contact)*

| | |
|---|---------------|
| Customer Name | Customer Name |
| Street Address | Phone Number |
| City and State / Province and Postal Code | Fax Number |
| Country | Email Address |

CD Kit Order Form

Unless you mark one of the boxes below, upon the acceptance of this enrollment we will ship your starter CD kit for each product group you designate in the table below containing products in the language(s) you select. We will provide updates in the form of CDs, or upon reasonable notice by electronic download or similar other means. If you need additional CD kits and updates, you may order these through your reseller for a fee.

☐


I do not wish to receive a CD kit or kit updates.

☐

I do not need another complete set, but would like to receive kit updates.

For each language and group you wish to receive, mark the corresponding box with an X.

| Pool/Group Language | Applications Pool | | | | Systems Pool | Servers Pool | |
|------------------------------|-------------------|-----------------|-----------------------|------------------------|--------------------------|-----------------|---------------------|
| | Office Family | Developer Tools | Training and Learning | Products for Macintosh | Windows Client: Business | Windows Servers | Server Applications |
| English | | | | | | | |
| Int'l English/Multi-language | | | | | | | |
| Arabic | | | | | | | |
| Brazilian Portuguese | | | | | | | |
| Chinese-Simplified | | | | | | | |
| Chinese-Traditional | | | | | | | |
| English, both | | | | | | | |
| Czech | | | | | | | |
| Danish | | | | | | | |
| Dutch | | | | | | | |
| Finnish | | | | | | | |
| French | | | | | | | |
| German | | | | | | | |
| Greek | | | | | | | |
| Hebrew | | | | | | | |
| Hungarian | | | | | | | |
| Italian | | | | | | | |
| Japanese | | | | | | | |
| Korean | | | | | | | |
| Norwegian | | | | | | | |
| Polish | | | | | | | |
| Portuguese | | | | | | | |
| Russian | | | | | | | |
| Spanish | | | | | | | |
| Swedish | | | | | | | |
| Thai | | | | | | | |
| Turkish | | | | | | | |

 = Not available

Reseller Information Form

(Reseller should complete the following sections.)

Reseller Headquarter Information

Distributor Information *(if applicable)*

| | |
|--|--|
| Reseller Company Name PC Mall, Inc | Distributor Company Name |
| Headquarters Street Address and/or post office box 2555 West 190th Street | Headquarters Street Address and/or post office box |
| City and State / Province and Postal Torrance, CA 90504 | City and State / Province and Postal Code |
| Country Code US | Country |
| Contact Name Anna Wright | Contact Name |
| Phone Number 310.354.5600 X4731 | Phone Number |
| Fax Number 310.630.5077 | Fax Number |
| Email Address annaw@pcmall.com | Email Address |

The undersigned confirms that the Reseller and Distributor information is correct.

| | |
|-----------------------------------|---|
| Name of Reseller: PC Mall, Inc | Name of Distributor <i>(if appropriate)</i> : |
| By: | By: |
| <i>(Signature)</i> | <i>(Signature)</i> |
| Name: Anna Wright | Name: |
| <i>(Printed)</i> | <i>(Printed)</i> |
| Title: Select Administrator | Title: |
| <i>(Printed)</i> | <i>(Printed)</i> |
| Date: | Date: |

Software Assurance Election Form

1. Software Assurance Membership election:

To become a Software Assurance Member, you must agree to purchase and maintain Software Assurance or Upgrade Advantage for all copies of all products licensed under this enrollment from at least one product pool. For a description of benefits resulting from marking one or more boxes below and additional details regarding the Software Assurance Membership program, please consult your reseller or Microsoft account manager.

Mark the applicable box(es) next to each product pool for which you are committing to purchase and maintain Software Assurance or Upgrade Advantage for all copies of all products licensed from that pool under this enrollment.

| Applications | <input type="checkbox"/> |
|---------------------|--------------------------|
| Systems | <input type="checkbox"/> |
| Servers | <input type="checkbox"/> |